Please type a plus sign	(+) inside this box	$\rightarrow$ $\Gamma$	

PTO/SB/01 (10-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

		Attorney Docket Numb	per 1024-035
DECLARATION FOR UT DESIGN	ILITY OR	First Named Inventor	
PATENT APPLICAT	ION	COMPLET	TE IF KNOWN
(37 CFR 1.63)		Application Number	
		Filing Date	1/10/01
Submitted OR Subm	aration nitted after Initial	Group Art Unit	
with Initial Filing (37 C	g (surcharge CFR 1.16 (e)) red)	Examiner Name	

As a below named inventor, I he	ereby declare that:			
My residence, mailing address, ar	nd citizenship are as sta	ted below next to my na	me.	
I believe I am the original, first and names are listed below) of the sub	d sole inventor (if only o oject matter which is cla	ne name is listed below) imed and for which a pa	or an original, firs tent is sought on t	t and joint inventor (if plural he invention entitled:
IMPROVED O	COIL AND	CLAMP	FOR VI	HRIABLE
RELUCIAN		Title of the Invention)		
the specification of which	,	,		
is attached hereto		15-14 0	·	Number of DCT International
or ☐ was filed on (MM/DD/YYYY)		as United S	itales Application	Number or PCT International
Application Number				(if applicable)
		amended on (MM/DD/YY	,	
I hereby state that I have reviewe amended by any amendment spe	d and understand the c cifically referred to abo	ontents of the above ide ve	ntified specificatio	n, including the claims, as
I acknowledge the duty to disclose in-part applications, material infor PCT international filing date of the	mation which became a	ıvaılable between the filii	s defined in 37 CF ng date of the prio	R 1.56, including for continuation- r application and the national or
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	international application	n which designated at le	ast one country o any foreign applic	ther than the United States of attacks at the attack at the control of the attack at at the attack at the atta
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)		Certified Copy Attached? YES NO
Additional foreign application	numbers are listed on a	supplemental priority da	ata sheet PTO/SB	/02B attached hereto
I hereby claim the benefit under				
Application Number(s)		te (MM/DD/YYYY)		
60/174,903	1/10		numbers supplem	al provisional application are listed on a ental priority data sheet 02B attached hereto.

[Page 1 of 2]
Burden Hour Statement This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

802 864-9319

13
ijĪ
2
7.1
W.
ijŢ.
5
į.
Į.i.
2.4
ļ.i

Plaase type a plus aign (*) inside th	NA DOX -> [	(15.5		PTO/SBIO1 (10-00 r use through 10/S1/2002, OMB 0661-003 lloe, U.S. DEPARTMENT OF COMMERC
		ed to respond to a col	ection of Information uni	ezs it contains a valid OMO control numbe
DECLARATI	UN — UTIIIT	y or Des	ign Patent	Application
Direct all correspondence to:	Custamer Number or Bar Code Labe	2654	2 OR [	Correspondence address below
Name James	H. LE	7.5		
Address 37 Bc	ther pr	IVE		
Address				
cky S, BUF	ington	Stat	VT	ZP 05403
Country USA	1	no 802 8	364-1575	Fax 802864 9319
I hereby declare that all statements mare believed to be true; and further the made are punishable by fine or imprisvalidity of the application or any petent	nat these statements w sonment, or both, under	ere mada With the	knowledge that willfi	ul false statements and the like so
NAME OF SOLE OR FIRST IN	VENTOR:	□Ape	titlon has been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) STEUE	$\sim$ $\omega$ .		y Name Ava	ims
Inventor's Signature Stern	W. am			Date 10 JAN 2001
Residence: City Willist	/2~	State	Country	Citizenship USA-
Malling Address MIC/	05N2-A-1N	One	,	
Mailing Address	o Box	86		
CHY BURLINGTON	State V7	ZIP	152/02-0086	Country USA
NAME OF SECOND INVENTOR	R:	□ A pet	ition has been file	d for this unsigned inventor
Given Name (first and middle [if any])		Family or Sur	Name name	
inventor's Signature	-	<u> </u>		Date
Realdenos: City		State	Country	Citizenship
Mailing Address				
Melling Address				
		715		Colinter

Additional inventors are being named on the \_\_\_\_supplemental Additional Inventor(s) shael(s) PTO/SB/02A attached hereto.

DECLARATION	ON — Utilit	y or Desi	gn Paten	t Application	
Direct all comespondence to	Customer Number or Bar Code Label	2654	OR []	Correspondence address	belaw
Name James	H. LE	7-5			
Address 37 Bo	ther or	IVE			
Address					
cay S. Burl	ington	Sta	» VT	ZP 0540	3
Country USA	Telepho	na 802 E	364-1575	ZIP 0540.	9319
I nereby declare that all statements mare believed to be true, and further the made are punishable by fine or impressed the application or any patent	ade herela of my own k at these statements we coment or both under	mowledge are true	and that all statem	ents made on information	and belief
NAME OF SOLE OR FIRST IN	VENTOR:	□Аре	tition has been t	filed for this unsigned i	nventor
Given Name (first and middle [if any])			y Name rname		
Inventor's Signature				Date	
Residence: City		State	Соинту	Citizenship	
Mailing Address					
Mailing Address					
City	State	ZIP		Соцпту	
NAME OF SECOND INVENTOR	:	☐ A pet	ition has been fi	led for this unsigned in	ventor
Given Name (first and middle (if any)) MicH	AEL J	Family or Sur	Name H	AMEL_	
Inventor's Miles	2 Home	(		Date 10 JANO	1
Residence: City W.L.(570	N	State V T	COUNTY USA	ł	
Mailing Address 152 57	TIRRUP CIA	CLE			
Kalling Address					
WILLISTON	Starto VT		5495	Country U.S.A	
Andmonal inventors are paint named	an the 1 subblemen	tal Addresses inve	itaria) sheetis! PT/	DISRIADA STREMEN NAME	1

Times type a plus slymits time to ----

PTO(88/03 A (11-00)

Apployed for the fine too the fine the common of the fine of o

## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_ol \_\_\_

Name of the Party	والمستنان ويستهين والمهامنا وس		the same of the sa
Name of Additional Joint Inventor, if any	<u>'</u>	A petition has been file	d for this unsigned inventor
Given Name (first and militate (if any))		Family Nam	e er Surname
STEVEN WARD		MUNDELL	
	M	. , , .	allala
Signature	~~		Date 01/10/01
Residence. City S. BURLINGTON	Slate VT	Country USA	Citizenship U.S.
Mailing Address 5 040 0	RCHARD	PARK	
Melling Address APARTMENT	#514	· · · · · · · · · · · · · · · · · · ·	and the second s
CITY S. BURGINGTON	State VT	I ZIP 05403 C	johnly U.S.A.
Name of Additional Joint Inventor, if any		] A pelidon has been illed	for this unaigned inventor
Given Name (1 st and middle pl any);		Family Nam	e or Sumeine
CHRISTOPHOR PRUYA	,	TOWNSEND	>
Inventor's Signature			Date 1/10/01
Residence: City SHELBURNE	State VT	Country U.S.A	
Mailing Address 38 WEBS 1			
Melling Address	·		
CHY SHELBURNE	State VT	ZIP 05482	Country U. S.A.
Name of Additional Joint Inventor, if any		h belt need sed notified A	or this unsigned inventor
Given Name (first and middle [! any])		Fanilly N	eme or Surname
And the second s			
inventor's Signature		ر به داده محمده در په دارس د سرد دري	Date
Residence: City S	into	Conwah	Citizenehip
Mailing Address			*(* ) (* mg mm)) (m)
Mailing Address			·
City	late	ZIP	Country
iden How Statement. This form is estimated in take 24 minute.	A to complete Come	suil terry dendading tines (he e	about at the Individual case, Agus as a service

Builden Hour Statement. This form is 19th need to take 21 minutes to complete. Into wer vary depending upon the place of the individual statements on the amount of time, you a registred to concern this form at Livid bis son to the Chief Perdament on Dricer, U.S. Palent and Trademark Office, Washington, ICC 20231. ICO NOT SEND FEED OF CONCERNITY LIVING TO A DOCUMENT SEND TO Assister! Commissionarian Patents, Washington DC 20231.

Signature Date

a valid OMB ocharo unino	App	licention Number	
POWER OF ATTORN		g Date	1/10/01
UTHORIZATION OF		Named Inventor	
NOT ACCOMPANY		AR Unit	
APPLICATION		miner Name	
AFFEIGRITOR		may Docket Number	1024-035
hereby appoint:			Place Cusiomer
Practitioners at Customer Nu	umper 26542		Number Bar Code
OR	<u></u>		Label here
Practitioner(s) named balov	٧.		
Name			ogistration Number
James M. Leas		34372	
•			3
is my/our attorney(s) or agent(s) ousiness in the Patent and Trad	s) to prosecute the demark Office conn	application ident	ified above, and to transact
Please change the corresponded The above-mentioned Custo	demark Office connence address for thomas Number.	nected therewith.	
Please change the corresponded The above-mentioned Custops  Firm or James Maindividual Name	demark Office conf ence address for th omer Number. arc Leas	nected therewith.	
Please change the corresponded The above-mentioned Custops  Firm or Individual Name 37 But 14	demark Office connence address for thomas Number.	nected therewith.	
Please change the corresponded. The above-mentioned Custops  Firm or Individual Name 37 But 16 address	ence address for thomar Number.  arc Leas  er Drive	nected therewith.	o application to.
Please change the corresponded The above-mentioned Custom Throw James Mandress Iddress S. Burl	ence address for thomar Number.  arc Leas  er Drive	nected therewith.	o application to.
Please change the corresponded The above-mentioned Custom Primary Individual Name States States St. Burl:	ence address for thomar Number.  arc Leas er Drive	nected therewith, ne above-identifie	o application to.
Please change the corresponded The above-mentioned Custom Throw James Mandress Iddress S. Burl	ence address for thomar Number.  arc Leas er Drive	nected therewith, ne above-identifie	o application to.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief entermation Officer. Petent and Tracement Officer, washington, DC 20231 DD NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents. Washington DC 20231.

2001

フォル

Please	type	a plus	s:gn	(+)	ı⊓⊌d9	this	<b>50</b> ~→	<b></b>

PTO/SB/81 (17-96)

Approved for use unrough 6/30/98 OMB 0551-0035 Parent and Trademark Orlice: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays а чано ОМВ ролью: питрег.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION**

Application Number		
Filing Deta	1/10/01	
First Named Inventor		
Group Art Unit		
Examiner Name		
Attorney Docker Number	1024-035	

I hereby appoin	ı:			2
Practitioners  OR	at Customer Number 26542	2	<b>─</b>	Pace Customer Jumber Bar Code
	(s) named below.		<u></u>	abel here
- I detitioner	Name		Registration	Number
James		34	372	TADITION
as my/our attorn	ney(s) or agent(s) to prosecute the Patent and Trademark Office con	ne application i	dentitied above	and to transact all
243,1332 11 112	. diam dis riadoniali Onios Col	mocica pie of	7 1 PA \$-	
The above-	the correspondence address for mentioned Customer Number	the above-ider	ntified applicatio	n to
OR				
Firm or Individual Nam	James Marc Leas			
Address	37 Butler Drive			
Address				
City	S. Burlington	State	A.I.	ZIP 05403
Country	USA		•	
Telephone	802 864-1575	Fax	802 864-9	319
f am the:  Application	nt.			
	ee of record of the entire interest ate under 37 CFR 9.73(b) is anch	osed		
	SIGNATURE of Applicant	or Assignee of	Record	
Name	Michael, J.	HAME		
Signature	Michael J. Hame			
Date	10 JAN 2001	<b>-</b> .		
unded Hour Statement D	IN TOTAL IS DEPOSITED IN THE A 2 hours to com			, , , , , , , , , , , , , , , , , , , ,

BUILDER HOUR Statement. This form is actimized to take 0.2 house to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form about die sent to the Chief Information Officer, Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS, SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

• - d

ا	YAN OMB OO										
DOME	3 0E 4	TTORN	EV OD	Application	Numbe	M			,		
			-	Filing Date				10	01		·
AUTHOR			=	First Named		tor		-			
		MPANY	ING	Group Art Un				 <del> </del>			
4	APPLIC	ATION		Examiner Na		<del></del>			<del></del>		
				Allorne, Dool	KEI NU	mber	10	24	-0	35	·
Practitio	ners at Cu	stomer Nur med below	n <b>be</b> r (2.6	542			•	Nun		lomer Par Cod	(8
	στιο. <u>(σ</u> ) ττα,	Name		<del>~</del>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Rec	istrati	on Nu	mber		
Ja	mes M. L	eas			343	372					
								<del> </del> 			į
											1
ni esenieud	the Paton	t and Trade	mark Office	te the applica connected the	NOTE	vith.	•			Iransa	ict al
Please cha	the Paton	t and Trade	emark Office	onnected the	NOTE	vith.	•			Iransa	ict al
Please cha  * The abo  OR  Firm or	nge the co	t and Trade	emark Office ace address ner Number	onnected the	NOTE	vith.	•			Iransa	ict al
Please cha  The abo  Firm or Individua	nge the coovermention	t and Trade	emark Office nce address ner Number	onnected the	NOTE	vith.	•			Iransa	act at
Please cha  The abo  Firm or Individual	nge the coovermention	t and Trade rresponden nec Custor ames Max	emark Office nce address ner Number	onnected the	NOTE	vith.	•		O.		
Please cha  The abo  OR  Firm or Individua  Address	the Paton  nge the co  ive-mention  Jai  IName  37	tand Trade rresponden rres Custor ames Max Purlex	mark Office nce address ner Number rc Leas r Drive	for the above	NOTE	vith.	•	tion t	O.	transa	
Please cha  The about  Firm or Individual address  address  country	the Paton  nge the co  overmention  Jai  IName  3	tand Trade rresponden rnec Custor ames Max 7 Bucles Burlin SA	mark Office ace address mer Number rc Leas r Drive	o connected the further above	o-iden	vith.	applica	tion t	zip (		
Please cha  Please cha  The about  The about  Firm or  Individual  Address  Address  City  Country  Selephone	the Paton nge the co exermention  I Name 37  S. US	tand Trade rresponden rres Custor ames Max Purlex	mark Office ace address mer Number rc Leas r Drive	o connected the further above	-iden	vith.	•	tion t	zip (		
Please cha  Please cha  The abo  Firm or  Individual  Individual  Individual  Individual  Individual  Individual  Individual  Individual  Individual  Individual	the Paton  nge the co overmention  Jai IName  31  S. US	tand Trade rresponden rnec Custor ames Max 7 Bucles Burlin SA	mark Office ace address mer Number rc Leas r Drive	o connected the further above	o-iden	vith.	applica	tion t	zip (		
Please cha  The about  Firm or Individual Address Address Country Selephone  I am the	the Paton nge the co exermention  I Name 37  S. US	tand Trade rresponden rnec Custor ames Max 7 Bucles Burlin SA	mark Office ace address mer Number rc Leas r Drive	o connected the further above	o-iden	vith.	applica	tion t	zip (		
Please cha  Please cha  The about  Firm or  Individual  Address  Country  elephone  I am the	the Paton  inge the co  overmention  IName  31  S:  US  80	respondentine Custor  Ames Mar  Burlin  Burlin  A  Burlin  Burlin  Burlin	mark Office ace address mer Number rc Leas r Drive	o connected the form	o-iden	vith.	applica	tion t	zip (		
Please cha  Please cha  The abo  Firm or  Individua  Address  Country  elephone  I am the	the Paton  inge the co  overmention  IName  31  S:  US  80  colleant	respondentine Custor  The Martin  Burlin  A 864-1	mark Office ace address mer Number rc Leas r Drive	for the above	o-iden	vith.	applica	tion t	zip (		
Please cha  Please cha  The abo  Firm or  Individua  Address  Country  elephone  I am the	the Paton  inge the co  overmention  IName  31  S:  US  80  colleant	t and Trade rresponden rinec Custor ames Max Burlin Burlin SA 12 864-1	mark Office address mer Number College Prive	for the above	slain.	vith.	epplica 864	tion t	zip (		
Please cha  Please cha The abo  Firm or Individua  Address  Country  Selephone  I am the  Ass  Ce.	the Paton  inge the co  overmention  Jai  IName  31  S.  US  80  colleant  signes of re- difficate unit	t and Trade rresponden rinec Custor ames Max Burlin Burlin SA 12 864-1	mark Office address mer Number College Prive	rest enclosed	State.	VT 802	epplica 864	tion t	zip (		
Please cha  Please cha  The abo  OR  Firm or Individua  Address  City  Country  Telephone  I am the  Ass	the Paton  inge the co  overmention  Jai  IName  31  S.  US  80  colleant  signes of re- difficate unit	respondentine Custor  The Maria  Burlin  Burlin  A  Burlin  A  SA  SECOND OF THE  SIGNATUR  SIGNATUR	mark Office address ner Number Coleas To Drive	e connected the furthe above	State.	VT 802	epplica 864	tion t	zip (		

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION		Application Number Filing Oate First Named Inventor Group Art Unit	,,,	0/01
		Exprolinar Name Allomay Dockel Number	182	1024-035
Thereby appoint.	<u> </u>	42	- <b>-</b>	Hace Customer Fumber Ber Code abel here
Practitioner(s)	Name	Re	gistration	Number
James N	. Ferding	3437%		
	r(s) or agont(s) to prosecutiont and Trademark Office		lled above	and to transact all
business in the Pa		connected therewith		
Please change the  The above-med  OR	tent and Trademark Office	connected therewith		
Please change the  Please change the  The above-med  OR  From or  Individual Name	tent and Trademark Office correspondence address intioned Customar Number.	connected therewith		
Please change the  Please change the  The above-med  OR  From or Individual Name.  Address	correspondence address number.  James Mand Lives	connected therewith		
Please change the Pa  Please change the  The above-med  OR  From or  Individual Name  Address	correspondence address number.  James Marc Loss 37 Butler Drive  S. Butlington USA	connected therewith	applicatio	r to:
Please change the Please change the The above-me OR Frim or Individual Name Address Oity Country	correspondence address number Customer Number.  James More Lives  37 Butler Drive  S. Butlington	connected therewith		r to:
Please change the Please change the The above-med OR Firm or Individual Name Address Address City Country Telephone I am the Applicant Assigneed	correspondence address number.  James Marc Loss 37 Butler Drive  S. Butlington USA	State V.	applicatio	r to:

DDIE

| I/IO/O/
| Builden Pour Statement | This firm to estimated to take 0.2 hours to complete. Time tall vary depending upon the needs of the individual case. Any commence on the strict of time, you are required to complete this form should be sent to the Chief Information Officer, Patient and Trademark Office. Washington, INC 20201 | DE NOT SEND FETS OR COMPLETER FORMS TO THE SEND FO Assistant Commissioner for Patients.